

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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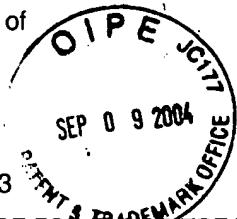
In re Patent Application of

O'MAHONY et al

Serial No. 10/642,606

Filed: August 19, 2003

Title: USER INTERFACE FOR BLOOD TREATMENT DEVICE



Atty Dkt. 3659-69

C# M#

TC/A.U.

3762

Examiner: Patricia BIANCO

Date: September 9, 2004

**Mail Stop Non-Fee Amendment**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

**RESPONSE/AMENDMENT/LETTER**

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

 **Correspondence Address Indication Form Attached.****Fees are attached as calculated below:**

Total effective claims after amendment previously paid for	0 20	minus highest number (at least 20) =	0 0	x \$ 18.00	\$ 0.00
Independent claims after amendment previously paid for	0 3	minus highest number (at least 3) =	0 0	x \$ 86.00	\$ 0.00
If proper multiple dependent claims now added for first time, add \$290.00 (ignore improper)					\$ 0.00
Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) (\$110.00/1 month; \$420.00/2 months; \$950.00/3 months)					\$ 0.00
Terminal disclaimer enclosed, add \$ 110.00					\$ 0.00
<input type="checkbox"/> First/second submission after Final Rejection pursuant to 37 CFR 1.129(a) (\$770.00)					\$ 0.00
<input type="checkbox"/> Please enter the previously unentered , filed					
<input type="checkbox"/> Submission attached					
				<b>Subtotal</b>	<b>\$ 0.00</b>
If "small entity," then enter half (1/2) of subtotal and subtract				<b>-\$</b>	<b>0.00</b>
<input type="checkbox"/> Applicant claims "small entity" status. <input type="checkbox"/> Statement filed herewith					
Rule 56 Information Disclosure Statement Filing Fee (\$180.00)				<b>\$</b>	<b>0.00</b>
Assignment Recording Fee (\$40.00)				<b>\$</b>	<b>0.00</b>
Other:					<b>0.00</b>
			<b>TOTAL FEE ENCLOSED</b>	<b>\$</b>	<b>0.00</b>

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

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By Atty: Jeffry H. Nelson, Reg. No. 30,481

Signature: Jeff Nelson



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of

O'MAHONY et al                                  Atty. Ref.: 3659-69; Confirmation No. 2800

Appl. No. 10/642,606                              TC/A.U. 3762

Filed: August 19, 2003                              Examiner: Patricia BIANCO

For: USER INTERFACE FOR BLOOD TREATMENT DEVICE

\* \* \* \* \*

September 9, 2004

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**AMENDMENT**

Responsive to the Official Action dated July 26, 2004, please amend the above-identified application as follows: